Unique Evaluation and Management Considerations for Adolescents with Late Gynecologic and Colorectal Issues in the Setting of Anorectal Malformations

Wendy Jo Svetanoff
Children's Mercy Hospital

Follow this and additional works at: https://scholarlyexchange.childrensmercy.org/researchdays

Part of the Obstetrics and Gynecology Commons, Pediatrics Commons, and the Surgery Commons


This Poster Presentation is brought to you for free and open access by the Conferences and Events at SHARE @ Children's Mercy. It has been accepted for inclusion in Research Days by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact library@cmh.edu.
# Unique Evaluation and Management Considerations for Adolescents with Late Gynecologic and Colorectal Issues in the Setting of Anorectal Malformations

Wendy Jo Svetanoff MD MPH; Ashli Lawson MD; Joseph J Lopez MD; Kayla B Briggs MD; James A Fraser MD; Christina Low Kapalu PhD; John Gatti MD; Anne-Marie Priebe DO; Julie Strickland MD MPH; Rebecca M Rentea MD MS

**Children's Mercy Kansas City; University of Missouri Kansas City School of Medicine**

## Introduction
- Females with anorectal malformations (ARM) and bladder exstrophy have a higher incidence of Mullerian and genital anomalies.
- There is little guidance for recognizing or managing gynecologic or pubertal concerns in the adolescent and young adult years.

## Aim:
To identify unique concerns during adolescent years:
- Colorectal
- Gynecologic
- Psychological

## Methods:
- Retrospective Review
- Inclusion Criteria:
  - 10-25 year old females
  - Diagnosed with ARM, cloaca, or bladder exstrophy
  - Presented to multidisciplinary clinic: 2009-2019

## Results
### Reconstruction Data
<table>
<thead>
<tr>
<th>Patients (n=12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at Re-presentation</td>
</tr>
<tr>
<td>14.6 years (IQR 12.7, 15.3)</td>
</tr>
</tbody>
</table>

### Colorectal Reconstruction
- Redo PSARP
- Resection of Urogenital Sinus Attachment
- Appendicostomy Revision

### Gynecological Reconstruction (Neovagina)
- Colon
- Small Bowel
- Dilation
- Coital Pouch
- Other

### Gynecologic Issues
<table>
<thead>
<tr>
<th>Concerns</th>
<th>Patient</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmesis</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Time of Reconstruction</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Sexual Satisfaction</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Reproductive Choices</td>
<td>-</td>
<td>7</td>
</tr>
<tr>
<td>Fertility</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

*Patient A (above) represented with dysmenorrhea due to a functional and obstructed uterine horn. They desired hysterectomy due to longstanding gender dysphoria. Patient B (below) represented with fecal incontinence and underwent neovaginal creation at time of redo PSARP for cosmetic concerns.*

## Conclusions
- Cohesive multi-disciplinary long-term follow-up allows for early identification of psychological and reproductive issues, along with a combined approach if reconstruction is needed. Adolescent patients should be actively involved in management decisions.
- Timing of reconstruction is based on goals and patient readiness, specifically for patients who would need to be involved in maintenance and participation after their surgery.

**LOVE WILL.**